APPLICATION FOR ABSENTEE BALLOT For Election on 11/2/2010

State Form 42106 (R16/9-09) Indiana Election Commission (IC 3-11-4

FOR COUNTY ELECTION BOARD USE ONLY					
Precinct	ADDITIONAL DOCUMENTATION		Is applicant required	I to provide additional identification documentation to the ation office but has not yet done so? Yes No	
INSTRUCTIONS: The voter (or the voter's power of attorney) must SIGN the application complete and return this application to your county election board, so that the application registered by mail are required to provide additional personal identification before apply to you. Note: If you are an overseas voter or uniformed services (military) vo	n is received at l	least 8 days be entee ballot. C	fore the election. You	can return this application by FAX. NOTE: Certain voters who	
Return by mail to this county address: Jasper County Clerk, 115 W Washington St, Ste 204, Rensselaer, IN 47978 Telephone (219)866-4929 Fax (219)866-9450 1. INFORMATION OF ABSENTEE BALLOT APPLICANT					
Approximate the programment of the separate in the contract of the programment of the property of the contract of the property			th (mm/dd/yy) Voter Identification Number (Indiana issued driver's license number, OR if voter		
* ' '				iver's license, provide last 4 digits of social security number)	
Registration Address (number and street)	City/Town, State, ZIF		, State, ZIP Code	de	
Telephone Number (Day) () Telephone Number (E)	,	
2. MAILING ADDRESS OF ABSENTEE BALLOT APPLICANT (If different from registration address) Mailing Address (number and street) City/Town, State, ZIP Code					
3. COMPLETE THIS SECTION OF APPLICATION FOR PRIMARY ELECTION ONLY					
In Indiana, you must request a major political party ballot to vote in the primary election. However, you may vote for school board offices or on referenda held at the same time as the primary without voting a political party ballot.					
I apply for the ballots of the (check one box) Democratic Party OR Republican Party, a majority of whose candidates I expect to vote for in the general or municipal election; OR School Board Offices Only AND/OR Public Question Only 4. ABSENTEE VOTING METHOD (Choose A, B or C)					
A. Voting by Mail (Application due by midnight, 10/25/2010)] I am sched	uled to work at my re	egular place of employment during the entire 12 hours that	
Check one: ☐ I have a specific, reasonable expectation of being absent from the county on		the polls are open. I will be confined to my residence, a health care facility, or a hospital due to illness or injury			
election day during the entire 12 hours that the polls are open. I am a voter with disabilities. If you are unable to mark the ballot or sign the envelopment	envelope.	during the entire 12 hours that the polls are open. I will be caring for an individual confined to a private residence due to illness or injury during			
you must vote before a traveling board or in the Clerk's office. Go to Box B or C.		the entire 12 hours that the polls are open.			
☐ I am a voter at least 65 years of age.☐ I will have official election duties outside of my voting precinct.	L	I am unable to vote at the polls in person due to observance of a religious discipline or religious holiday during the entire 12 hours the polls are open.			
☐ I am a voter eligible to vote under the "fail-safe" procedures in IC 3-10-11 or 3-10-12.		 I am an address confidentiality program participant in the program administered by the Indiana Attorney General under IC 5-26.5-1-6. □ I am a member of the military or public safety officer. 			
B. Voting in the Clerk's Office (in Lake and Tippecanoe Counties, the Election Board Office) (Voting closes 11/1/2010, at noon)					
C. Voting by Traveling Board (Application due by 11/1/2010 at noon if hand delivered; by 11/1/2010 at noon if mailed or faxed)				VOTE ME AT THE FOLLOWING ADDRESS:	
I expect to be confined, due to illness or injury, or I expect to be caring for a confined person at a private residence, on election day.			I request that the county election board authorize the		
I am a voter with disabilities and believe my polling place is not accessible to me.			traveling board to visit me outside the county at the place listed above. Approved Denied		
I swear or affirm under the penalties of perjury that all of the information set forth on this application is true to the best of my knowledge and belief.					
Signature of voter (or person designated by a county election board to sign for a voter with disabilities)			Date signed (month, day, year)		
5. INFORMATION OF INDIVID	UAL ASSIS	STING AB	SENTEE BALL	OT APPLICANT	
Name (please print)			nce to Applicant P		
Residence Address (number and street)	City/To	wn, State, Zl	P Code	Telephone Number (Day) ()	
Mailing Address (number and street) (If different from residence address		wn, State, Zl		Telephone Number (Evening) ()	
I swear or affirm under the penalties of perjury that I have no knowledge or reason to believe that the individual submitting the application: (1) is ineligible to vote or to cast an absentee ballot; or (2) did not properly complete and sign the application.					
Signature of Person Assisting Voter with Application				Date signed (month, day, year)	